

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

583-040388

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

156

Primary Registration District No.

2001

Registrar's No.

518

STATE FILE NUMBER

FILED OCT 30 1963

1. PLACE OF DEATH

a. COUNTY

Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

Galena, Township

Length of stay in 1b

7 years

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

Joplin, West 20th St. Road

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission).

a. STATE

Missouri

b. COUNTY

Jasper

c. CITY

OR
TOWN

Joplin

Inside Limits

Yes ☐ No ☒

d. STREET

ADDRESS

West 20th. Street Rd.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Jasper

Middle

Lee

Last

Smallwood

4. DATE

OF
DEATH

Month

Day

Year

October 26, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7-29-1887

9. AGE (last birthday)

76

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Merchant

10b. KIND OF BUSINESS OR INDUSTRY

General Store

11. BIRTHPLACE (City and state or country)

McKinney, Texas

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John Smallwood

13b. MOTHER'S MAIDEN NAME

Annie Salvers

14. NAME OF HUSBAND OR WIFE

Pearl Smallwood

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of serv

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Pearl Smallwood

Address W. 20th St.

Joplin, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Occlusion

INTERVAL BETWEEN

ONSET AND DEATH

2 wks

DUE TO (b)

Generalized Arteriosclerosis

10 yrs.

DUE TO (c)

Senility

10 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

none

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 11-1-1957 to 10-26-63 and last saw her alive on 10-11-63
Death occurred at 5:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Robert Y. Powell M.D.

22b. ADDRESS

Joplin, Mo.

22c. DATE SIGNED

28 Oct 63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

10-29-1963

23c. NAME OF CEMETERY OR CREMATOR

Park Cemetery

23d. LOCATION (City, town, or county)

Carthage,

Missouri

24. FUNERAL DIRECTOR

ADDRESS

Roy L. Derfelt Galena, Kansas

25. DATE RECD. BY LOCAL REG.

10-28-1963

26. REGISTRAR'S SIGNATURE

Dorrie Merriam

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0490

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13 20

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Roy L. Derfelt

Licensed Embalmer No. 4945

P. O. Address Galena, Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.